



Blue Ribbon Commission for Health Care Reform

DRAFT

June 19, 2007 Commission Meeting Notes

Commissioners Present

Erik Ammidown
Elisabeth Arenales
Carrie A. Besnette
Christy Blakely
David A. Downs, Jr. MD
Steve ErkenBrack
Lisa M. Esgar
Linda Gorman
R. Allan Jensen
Grant Jones
Bill Lindsay

Donna Marshall
Pam Nicholson
Ralph Pollock
David F. Rivera
Arnold Salazar
Mark Simon
Steven J. Summer
Joan M. Weber
Mark Wallace
Lynn Westberg
Barbara Yondorf

Commissioners Absent

Clarke D. Becker
Peg Burnette
Julia Greene

Don Kortz
Daniel Stenersen

Commission Business

Notes from May 17-18 minutes approved; comments from Donna Marshall and Linda Gorman will be added prior to July meeting

Communications and Outreach Committee

Task Forces – Charge

- Revised charge provided to commissioners
 - Reflects timeline of activities and some specific questions Task Forces will be asked to address. Want to ensure that Task Forces report back to commissioners during the proposal review period.
- Clarification: Task Forces do not have direct access to Lewin and the technical advisors.
- Change to charge asking Task Forces to provide feedback on the impact on “constituencies”, not “constituency”, reflecting the breadth of expertise on each Task Force.
- Task Force charge approved unanimously.

Task Forces – Membership

- Description:
 - Business Task Force – looked for large/small, rural/metro
 - Rural – looked for broad geographic diversity, different perspectives/expertise
 - Providers – Broad array of providers, not just physicians; geographic diversity
 - Vulnerable Populations – Wanted to have good balance between direct service users and service providers. Committee expanded the number from 15 to 20 in order to encompass diverse perspectives.
- Request: Look at who is on the Task Forces, not who is “off”. The caliber of nominees/applicants was outstanding, the choice was difficult, and all those selected were worthy.



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- Commissioner Mark Simon: Concern re: lack of consumers. Picked as many as we could, but there was a dearth of applications/nominations that specified the individuals were consumers. Also concerned at lack of non-traditional providers.
 - Response: Selections reflected applications submitted; also, a number of parent representatives were included to extend the consumer perspective.
 - Response: Many Task Force members represent a constituency they interact with, not a constituency of one. Very diverse group, but the committee balanced a lot of issues and prerogatives.
 - Response: In some ways, every person on the list is a consumer, as are we all.
- Commissioner Arnold Salazar: Didn't like process but liked the outcome. Noted that provider task force doesn't include a mental health, but know that there are individuals on that Task Force who sit on mental health center boards; will ask those individuals to represent that interest on the Task Force. Also noted that Business Task Force represents where business is happening – Denver – and Rural Task Force represents the areas where it is not. Illustrates the “two Colorados” we face.
- Task Force slate approved unanimously.

Task Forces – Co-Chairs

- Previously agreed that each Task Force would have commissioner co-chair and Task Force co-chair. In the next week, Chair Bill Lindsay will identify the Commission co-chairs. Commission members are encouraged to volunteer for these positions.
- Committee suggestion: Commission co-chairs will convene the first meeting; at that time, Task Force members will self-identify their interest to serve as fully equal co-chairs with the Commissioner co-chair. Chair Bill Lindsay will then select among those volunteers.
- Co-chair selection process approved unanimously.

Business Task Forces – Incorporating other perspectives

- We received a number of applications from health plans for the Task Forces. However, the committee believed their expertise could be better used outside the Task Force structure – we're looking for different expertise from those groups.
- Also noted that actuarial expertise, IT expertise, etc. was not included on the Business Task Force.
- Suggestion: Establish “Technical Advisory Committee” to include health plans and those with actuarial and other types of expertise.
- Concern: Would not want to establish a fifth Task Force or duplicate the work of Lewin.
 - Response: We'd be looking to these individuals for more “procedural” insight than
 - Response: Could do the same for many other issues/industries, e.g., mental health.
- Concern: Process is mushrooming, though appreciate that we're missing the health plan perspective. Suggestion: Ask Colo. Assn. of Health Plans to id medical director to participate on Provider Task Force.
 - Response: Not supported.
- Concern: Not having way for health plans to offer input is problematic, overlooks significant part of current system. Tech advisory group would be resources to which we could go with specific questions – would not be meeting on regular basis like Task Forces.



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- Concern: Health plans will not stay silent during the legislative process; crucial to incorporate them in our discussions.
- Concern: Other groups, e.g., children, are not represented. Agree that we need to have health plans in the process now.
 - Suggestion: Incorporate all these groups through informal meetings.
 - Response: That's basically what's being proposed.
- Concern: Having one health plan on the Commission is not sufficient way to get health plans' perspective; Rocky Mountain is very different from the other plans operating in the state with different history and business model; Commissioner ErkenBrack cannot wear all the hats of those even within his plan.
- Comment: Initially concerned about this proposal, but no longer. Idea of having technical advisory committee that offers perspective but does not drive the process is much more palatable. Note that 3 of the proposals being analyzed build on current system—without insurers' perspective, we'll be lacking crucial insight.
 - Communications Committee must plan outreach/engagement with numerous constituencies, e.g., children's, mental health, etc. Must prioritize among them because the Commission's time is already at a premium.
- Comment: Already established precedent for "expert panel" with legal experts' panel. Appropriate to establish a panel to which we can go with technical questions. Must be broad-based and should be identified in advance, not "as it comes up." Another advantage: Can respond to, validate, highlight questions about Lewin's findings.
- Comment: Important to have something like this in place – should be structured so it helps manage our workload, rather than adding to it. Conversation about health plans' role will come sooner or later, better to do now than wait until legislative process begins.
- Comment: We can do anything we want as a Commission, but not all the things we want.
- Comment: The reason we're here is the cost of health care services and coverage. If we took the plans out of the equation that wouldn't change the cost issues being driven by providers. Think they would belong on the Provider Task Force.
- Comment: Health plans can submit their comments like any other audience.
- Comment: We noted that, down the road and as needed, we would turn to constituencies that weren't included in the Task Forces.
- Response: It's inevitable we'll need this expertise; worry that if we don't identify participants now, it will make it harder for us to get the input we need at time we need it.
- Suggestion:
 - Reserve the right to establish advisory groups on an "as needed" basis.
 - Identify "bullpen" of potential participants yet so they'll know that we'll be coming to them. Could identify participants from Task Force nominees but look elsewhere as well. Commissioners can send names to Steve and Elisabeth.
 - Sense of Commission:
 - One commissioner disagreed with this approach but said he could live with it. Concerned about pre-identification of participants and adding to Commission's workload. Seems like reaction to fact that health plans didn't get on Task Forces.
- Public comment: Give potential participants the opportunity to
- Public comment: Enough people at the table already with health plan participation.



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Proposals Committee

- Have received concern from legislator this week that we do not have statutory authority to develop and model a consolidated proposal. While we thought this question had been settled long ago, it has been raised again.
 - Will request legal opinion and consult with legislative leadership and governor's office.
- We will continue to proceed on the development of a consolidated proposal and not wait for the legal opinion.

Consolidated Proposal – Process

- Ref. June 18 memo
 - In order to develop framework for creating such a proposal, need to identify some key questions to ask that will inform our thinking about the four proposals and subsequent development of a modified proposal.
 - Do not want to make decisions before seeing modeling results, but committee believes there are some topics we can begin investigating beforehand.
 - In developing a modified proposal, commission will answer same 31 questions that proposers were asked to address.
 - At July 17-18 meeting, come to agreement about framing questions. Then reconvene following week – use intervening time to mull over what was decided.
 - Committee may meet weekly during development process; all commissioners will be invited. Conference calls will be held to discuss specifications.
 - Proposal would go through a few modeling iterations; results available mid-November.
 - Opportunity for informal education programs, in response to commissioner requests.

Operations Committee

Budget

- See updated budget.
- Question: Commission agreed in December that it would not pay per diems but per diems are noted in the Task Force budget. Suggestion that travel expenses be paid but not per diems.
- Public comment: Suggestion that Vulnerable Populations Task Force hold meetings outside metro Denver.
- Budget approved unanimously.

Meetings/Activities Schedule

- See "Draft Commission Meeting Dates" schedule.

Community Feedback

- Intern Adam Butensky-Bartlett is condensing comments and written input from March and May community meetings into usable, easily-digestible format.

Summary of Discussions re: Modeling

- Financing: Did not require proposers to address this, though it is embedded in some (e.g., employer pay-or-play). Problematic: can only identify "winners and losers" when financing sources are identified.



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- Operations Committee recommendation: Ask proposers to specify financing sources now, offer assistance from Lewin.
- Communications with commissioners: Debate about when to release results of the iterations. Agreement that all modeling iterations will be made public; question is, do we release it in stages or all at once at completion of modeling, recognizing that first iteration(s) is draft.
 - Public comment: Not a linear process. Expect that he'll hear Lewin's baseline data and then results of proposal modeling. Don't expect to see drafts. Ultimately, want to know all the information, but don't expect to see it before the 17th.
 - Public comment: Do expect to see iterations, but not necessary to see it at time it's occurring.
 - Straw poll: Allow first iteration to be between Lewin and modelers, then release complete results at time of second iteration. 10 in favor, 8 opposed.
 - Concern: Commissioners can see first iteration, made clear that it's in draft form.
 - Suggestion: Conference calls between Lewin and proposers available to all commissioners. 16 in favor, 1 opposed.
 - Comment: Ask that commissioners respect the process and the proposers.

Evaluation Committee

- Have executed contract with Lewin.
- Handout provided: Lewin reports on baseline data on uninsured and health care costs in Colorado.
- Met with "data stewards" to review analysis, identify other data sources and act as local technical experts.

Key Questions for Health Reform

- Commissioners and health experts submitted suggestions of questions that should be answered in order to build a consolidated proposal.
 - The bold numbers to the right of each phrase reflect the results of voting at the conclusion of the discussion. Each commissioner was asked to indicate 3-5 questions that he/she believed should frame the Commission's thinking on a consolidated proposal.
- The following themes were suggested by the Proposals Committee:
 - Cover everyone? If not, who? **3**
 - Individual mandate? **10**
 - Medicaid/CHP+ expansion or reform? **7**
 - What will cost containment strategies be? **2**
 - Benefit minimums – for who? For what? **8**
 - Private insurance market reforms? **3**
 - Subsidies to make coverage affordable? **7**
 - Financing? **3**



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- Commissioners were then asked to submit additional suggestions:
 - Role of employers? **10**
 - What is an “affordable” plan? **0**
 - Contained in subsidies question
 - Do we have mandates – if so, for whom?
 - Is it “coverage” or “access”? **1**
 - What are the reimbursement strategies necessary to ensure access? **1**
 - Consumer control?
 - Level of individual responsibility (replace #2)
 - Portability? Or continuous care? **8**
 - How does it give maximum value for health care dollar per the individual’s perspective? **1**
 - What is most efficient way to subsidize health care? **1**
 - Metrics for success? **1**
 - How do you make tradeoffs in constrained funding situation? **2**
 - How does proposal address cost-shift? (may be included in subsidies) **1**
 - How deal with uncompensated care?
 - How to measure cost-effectiveness? **1**
 - Personal responsibility factor for health and wellness? **1**
 - What is role of government? **10**
 - What is role of stakeholders? **1**
 - Build on current system or create new one? **2**
- Issues:
 - How apply the questions – to accomplish what?
 - Answer: To expand coverage and reduce costs
 - Look at 800-lb. gorillas to identify questions

Devon Herrick, National Center for Policy Analysis – Market Reform Options

The Commission invited Mr. Herrick, a nationally-recognized expert on free market health care reform approaches, to provide a briefing on market-driven options for health reform. A copy of Mr. Herrick’s slides may be found on the Commission’s Web site, <http://www.colorado.gov/208commission/>.

Presentation of Baseline Data

John Sheils and Mark Mezza from The Lewin Group presented the baseline data they have derived on the number and characteristics of the uninsured in Colorado and health care spending in the state. Their reports use Colorado-specific information they received from “data stewards” in the state (e.g., Colorado Dept. of Health Care Policy and Financing, Colorado Division of Insurance, etc.) supplemented with national data extrapolations when no Colorado-specific data was available.

The reports may be found on the Commission’s Web site, <http://www.colorado.gov/208commission/>.

Commissioner Barbara Yondorf expressed concern about Lewin’s data on the extent of the cost shift, indicating that it varied considerably from numbers she and others have worked with in the past. Lewin agreed to revisit those figures.



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Other Discussion – Communications Protocol

Commission Communications Counsel Edie Sonn noted that the level of intensity of the Commission's work and the associated scrutiny is increasing; there are likely to be more times when the Commission is not able to reach full consensus. Given that, she asked if the Commission has a protocol for balancing personal opinions and disagreements with the process, with respect for the Commission's goal and work overall?

She noted that one commissioner has been quite vocal in the media about disdain for the Commission's work. Other commissioners noted their own concern about this. While no one wishes to ask commissioners to sugar-coat their opinions, there was concern that commissioners abrogate their duty to the Commission by publicly undermining its work.

The group agreed to have Edie develop a communications protocol, delineating guidelines for expressing differences of opinion while respecting the Commission.

Other Discussion – Minority Report

The preceding conversation led to a discussion of how to develop a minority report for the Commission, recognizing that some commissioners will disagree with its ultimate outcome and recommendations. Commissioners hope to integrate those dissenting opinions into the reporting process so they are on the table from the beginning.

Commissioner Steve ErkenBrack suggested using a process similar to the Supreme Court's process for minority opinions. In that process, the minority opinion is developed in tandem with the majority opinion; all authors see both opinions.

Commissioner Barb Yondorf suggested adopting a process similar to that used by the Colorado State Auditors Office. When they audit a department of state government, they first send the report to that department. The department has an opportunity to respond in writing to the auditors' findings. The auditors then have the option to change their findings/recommendations based on the department's response. Regardless, all responses from the department are included in the final report that is submitted to the General Assembly.